CALIFORNIA ARCHITECTS BOARD



PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

400 R STREET, SUITE 4000, SACRAMENTO, CA 95814

cab@dca.ca.gov 916-445-3394 T 916-445-8524 F

NAME CHANGE AFFIDAVIT

TO: California Architects Board		
I,		declare under penalty of perjury
(Last Name) (First Name) (N	Middle Name)	
under the laws of the State of California	rnia that the forego	ing declaration is true and correct.
My former name was		I have changed my name for
(Last Name)	(First Name) (Middle	Name)
all purposes to		and I did not so change my name for
(Last Name) (First Na	me) (Middle Name)	
purpose of fraud.		
driver's license, passport, marriage li In order for the Board to change information and return it to the Sacramento, CA 95814 or you may	your name on your California Archite	our license file, you must complete the ects Board, 400 R Street, Suite 4000, -8524.
SIGNATURE		DATE
PLEASE PRINT	Name Address	
	License #	
	Candidate ID#	

19N-2 (Revised 6/2003)